Capario℠
Connectivity. Solutions. Insight.

PAYER ENROLLMENT INSTRUCTIONS FOR

MR020	Medicare - North Carolina - ERA

Before enrolling please be sure your Capario contract includes the transactions you will be using. Complete the payer enrollment process BEFORE submitting claims to Capario for this payer. If you are unsure about your contract status please contact Capario Support team at: edi@capario.com or 800-792-5256.

We recommend enrolling using our Portal enrollment tool. This free Portal tool allows you to enter Providers and select the payers and transactions for your enrollment as it prefills the agreement forms for you. Another advantage of the enrollment tool is the ability to follow the progress of enrollments from initial generation through to payer approval. Our team will set you up and provide a quick tutorial. Contact us at edi@capario.com

If you are not enrolling with the free portal Enrollment tool, please following these instructions:

If this payer does *not* require an agreement, go to Step 2.

STEP 1: COMPLETE AGREEMENT

- Complete all required fields on agreement and verify that information entered is correct.
- If an agreement requires signatures, we recommend signing in **blue ink**. Do not use signature stamps.

STEP 2: PROCESS

NOTE This Agreement Requires Signatures

- Section 'C', Signature Page: Fill in Name, Title and Signature of Authorized Group Primary Contact.
- Provider Authorization Form: Fill in Name, Title and Signature of Provider. (Please note that all other information on this form is at the Group level, i.e. group PTAN & NPI).

Mail OR Fax the EDI Enrollment Packet to:
Palmetto GBA EDI
J11 EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145
Fax: 803-699-2430

NOTE If you requested ERA when enrolling for claims you do not have to submit the form twice. Indicate 'Sent to Payer' and note that you requested ERA when enrolling for claims.

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STEP 3: COMPLETE CAPARIO ENROLLMENT SPREADSHEETS

- **Capario Provider Spreadsheet** – This is completed for each new provider.
  http://www.capario.com/downloads/xls/provider_bulk_spreadsheet.xlsx

- **Capario Payer Enrollment Spreadsheet** – This is completed when requesting enrollment with a payer for providers previously added to the Capario system. Please refer to the instruction tab on each spreadsheet form for details about the information to enter in each column.
  PLEASE NOTE The fields for tracking information are key for both your record keeping of enrollments and for Capario following up with payers for approvals. Be sure to enter all tracking for each enrollment.
  http://www.capario.com/downloads/xls/enrollment_bulk_spreadsheet.xlsx

Email the completed spreadsheet(s) to: provider.enrollment@capario.com

Questions? Contact us:

Phone: (800) 792-5256 Option 1 **Fax:** (404) 877- 3324 **Email:** provider.enrollment@Capario.com

Part A/Part B/HHH EDI Enrollment Packet

Attention: Please Read Before Completing Paperwork

VA & WV Part A: Palmetto GBA has subcontracted with National Government Services (NGS) to continue EDI support of the Virginia and West Virginia Part A workload for Palmetto GBA. Please visit contact the NGS Help Desk at 855-696-0705 for EDI support.

Enrollment Submission

Forms with Payments

If you are sending a check or money order with your paperwork, you must send it to the following address:

Palmetto GBA Electronic Data Interchange
Medicare Finance, AG-215
PO Box 100192
Columbia SC 29202-3192

Note: Orders containing a check or money order will not be processed if sent to the incorrect address!

Forms Only

If you are not sending money at this time, you may mail or fax your completed paperwork:

Palmetto GBA
EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145

EDI Part A: 803-699-2429
EDI Part B: 803-699-2430

Email Enrollment Monitoring

Your email address will be the primary method of communication with Palmetto GBA EDI Operations. We will send you a Tracking Number via email that you can use to monitor your enrollment process through the website at www.palmettogba.com/EDI. Be sure to include your email address on all EDI Enrollment forms. Please add @palmettogba.com and @bcbssc.com to your email contact list to ensure our emails are not filtered into your spam or junk mail folder.

Take Control of your Accounts Receivable and Become Compliant Now!

Sign up today to receive your remittances electronically and be ahead of the game. Download and print your remits more quickly. CMS is focused on increasing the number of providers who receive their remittances electronically and decreasing the printing and mailing costs associated with hardcopy remittances. Complete your forms today!

Support

We are committed to making your transition to EMC as smooth as possible. If you have any questions regarding the information contained in this package, please feel free to contact the Palmetto GBA EDI Technology Support Center toll free at 855-696-0705.

Thank you for your interest in Electronic Data Interchange!

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Part A/Part B/HHH EDI Operations, AG-420
Palmetto GBA
PO Box 100145
Columbia SC 29202-3145
www.palmettogba.com

PALMETTO GBA
A CELERIAN GROUP COMPANY
A CMS Medicare Administrative Contractor

Using Electronic Data Interchange Services

Palmetto GBA has prepared this packet for Part A, Part B and HHH submitters. Palmetto GBA administers the Part A & Part B contracts for South Carolina, North Carolina, Virginia and West Virginia, in addition to home health and hospice (HHH) services provided in the following states: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee and Texas.

VA & WV Part A - Palmetto GBA has subcontracted with National Government Services (NGS) to continue EDI support of the Virginia and West Virginia Part A workload for Palmetto GBA. Please contact the NGS Help Desk at 855-696-0705.

The Part A/Part B/HHH EDI Enrollment packet contains forms and explanations for each of the services offered by our Electronic Data Interchange (EDI) department. For further information regarding any of this material, please call the Palmetto GBA EDI Technology Support Center toll-free at 855-696-0705.

When submitting completed forms, please allow a processing time of approximately 15 business days. Remember – Palmetto GBA cannot process incomplete applications or agreements! Please fill in all appropriate blanks and make all checks payable to Palmetto GBA.

If you are a provider waiting for a provider number, please wait before submitting any EDI forms! You must be assigned your provider number before completing any of the paperwork below. To apply for a provider number, please call the Provider Contact Center toll-free at 855-696-0705.

The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically, with limited exceptions.

For more information on Palmetto GBA EDI options, please visit our website at www.palmettogba.com/EDI or email us at Medicare.EDI@PalmettoGBA.com. The CMS Electronic Billing & EDI Transactions Web page at www.cms.gov/ElectronicBillingEDITrans also includes detailed information on EDI and the Administrative Simplification provision.

You can check the status of Palmetto GBA's EDI Systems by visiting the Palmetto GBA website. Under Electronic Data Interchange (EDI), select "EDI System Status." This pop-up window will display the current status of several systems. The pop-up window will automatically refresh every 60 seconds so you can keep it up during the day. We will update the EDI System Status window with information on any system-related issue. When a problem occurs, such as a delay with posting remittance files, a detailed informational message will display below the affected system. This message will be updated until the problem has been corrected. Please visit this area on the Palmetto GBA website prior to calling the Palmetto GBA Technology Support Center with system status questions.

Please register on our website (www.palmettogba.com/EDI) to receive EDI news electronically. By selecting "Email Updates" (which displays at the top of all pages) and completing a user profile, you will be notified via email when new or important EDI information is added to our website. If you have already registered, please ensure your profile has been updated for applicable EDI categories. Users of PC-ACE Pro32, PcPrint or Medicare Remittance Easy Print (MREP) should select the Palmetto GBA Software Users topic located under the General category. This category also includes a special topic created for Vendors, Clearinghouses and Billing Services.

1. EDI Application

Please Note: The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the EDI Application Form for your records.** You must submit a completed EDI Application Form when submitting the EDI Enrollment Agreement or Provider Authorization Form.

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

A Submitter ID number is a unique number identifying electronic submitters. A Submitter ID can be used to transmit Part A, Part B and HHH EDI transactions to Palmetto GBA. You must request a Submitter ID if you will be submitting claims directly to Palmetto GBA. However, if you are a provider and will be using a billing service or clearinghouse to submit your claims, do not complete this form to request a Submitter ID. Billing services, not their customers, need electronic submitter numbers. Providers, Billing Services, Clearinghouses and Vendors must complete the EDI Application Form when requesting a change to your current EDI setup.

Providers are not permitted to share their personal EDI access number (Submitter ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- Anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

GPNet is the HIPAA-compliant EDI gateway used by Palmetto GBA. The GPNet platform is available 24 hours a day, seven days a week. The real time editing system is down from 11:30 p.m. to 5:00 a.m. EST. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within 24 hours.

The *GPNET Communications Manual* includes information about connecting to Palmetto GBA's EDI Gateway. The *GPNet Communications Manual* is available for download from www.palmettogba.com/EDI under Software & Manuals.

Note: Palmetto GBA supports file transfers via Network Service Vendors and CONNECT:Direct (also known as Network Data Mover or NDM).

2. EDI Enrollment Agreement

Every provider who submits electronic claims to Palmetto GBA, whether directly or through a billing service or clearinghouse, must complete this agreement. Please indicate your provider or group number and National Provider Identifier (NPI) so the contract may be logged correctly. Billing services should not complete the EDI Enrollment Agreement unless they are a Medicare provider as well as a billing agency. Only one agreement per group is required.

Palmetto GBA EDI cannot process any of the enclosed forms for a provider without a completed EDI Enrollment Agreement on file.

Providers who have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the provider.

Providers are obligated to notify Medicare by hardcopy of:

- Any changes in their billing agent or clearinghouse
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse
- If the provider wants to begin to use additional types of EDI transactions
- Other changes that might impact their use of EDI

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Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Agreement does not expire if the person who signed the form for a provider is no longer employed by the provider.

3. Provider Authorization Form

Every provider who authorizes a billing service and/or clearinghouse to act on their behalf must complete the provider authorization form. This form must be completed by the provider and submitted with the EDI application.

Please Note: CR3875 requires that each provider be notified when a clearinghouse and/or billing service has requested access to the provider's claims, responses, electronic remittances or online services access.

4. Software Download Information

Please Note: All software listed below can be downloaded from our website free of charge. For additional software information and download instructions, please visit www.PalmettoGBA.com/EDI and select your line of business. Software information and files are located under Software & Manuals. If you are unable to download the software from our website, please call our Technology Support Center at 855-696-0705 for assistance.

4A. PC-ACE Pro32 Software

Palmetto GBA offers PC-ACE Pro32, a claims-entry software that allows providers to enter their claims. Pro32 does not integrate into office systems such as accounts receivable, inventory or billing. This software is HIPAA compliant and allows for all types of claims to be submitted electronically. This software is **not** supported when installed on a network. The software must be installed on a stand-alone PC.

Minimum system requirements for Pro32 include:

- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
- 64 MB system memory (128 MB recommended)
- CD-ROM drive
- SVGA monitor resolution (800 x 600)
- Windows '95, '98, 2000, Me, XP, NT 4.0, Vista or Windows 7 operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)
  This free software can be downloaded from the Adobe website (www.adobe.com)

4B. PcPrint for Part A Electronic Remittances

PcPrint is a software product designed to operate on Windows based personal computers. The PcPrint translator program allows viewing and printing of ASC X12 835 version 5010A1 remittance data. This software does not support systematic posting of the 835 data. It was developed by the Fiscal Intermediary Standard System (FISS) for the Centers for Medicare & Medicaid Services (CMS). With PcPrint, you can view and print:

- Single claims – Detail line-item activity for each claim. Compressed font is incorporated in order to display the detail line item activity of a claim.
- All claims – An abbreviated format for all claims in a transmission file, shown in increments of 25.
- Bill summary – Sub-totals for each payment category per provider fiscal year and the total remittance found within the Single Claim format, accumulated and displayed by TOB (type of bill).
- Provider summary – Total payment to the provider for each billing cycle in a transmission file. Nonclaim payment adjustments are listed when applicable. These adjustments allow for provider payments when claims are not present (such as Periodic Interim Payments, Cost Report Settlements, etc.). The adjustments also allow for various other financial transactions required between Fiscal Intermediaries and providers.

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

4C. Medicare Remittance Easy Print (MREP) Software for Part B Electronic Remittances

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Remittance Easy Print (MREP) software to enable Medicare providers to view and print an 835 Health Care Claim Payment / Advice (also referred to as Electronic Remittances). Using the HIPAA 835 files, MREP enables providers to view and print 835 in the current Standard Paper Remittance (SPR) format Medicare uses. MREP provides the ability to view, search and print the 835 in a format providers are familiar, as well as view and print special reports.

Providers who use MREP can print reports to reconcile accounts receivable as well as create documents that can be included with claim submission to Coordination of Benefits (COB) payers. MREP is available free to Medicare providers, and it can be installed on a personal computer (PC) or network.

5. Online Inquiry Services

Online Inquiry Services are two online computer inquiry systems that provide easy and immediate access to claims processing and beneficiary eligibility information for Medicare providers, including:

eServices by Palmetto GBA Part A, B & HHH	Direct Data Entry (DDE) Part A & HHH
Check Eligibility Claims Status Remittances Online Financial Information	Electronic Claims Submission Claim Status Submitter/Provider File Inquiry Beneficiary Eligibility Inquiry Correcting RTPs (Return to Provider)

5.A. Palmetto GBA eServices for Part A, B & HHH (formerly Online Provider Services / OPS)

Palmetto GBA is pleased to offer eServices by Palmetto GBA, a **free Internet-based, provider self-service portal**. Our goal is to give the provider secure and fast access to their Medicare information seamlessly via our website through the eServices application. The eServices application provides information access over the Web for the following online services:

- Eligibility
- Claims Status
- Remittances Online
- Financial Information (payment floor and last three checks paid)

eServices will generally be available 24 hours a day, seven days week. Please visit the eServices webpage at www.PalmettoGBA.com/eServices for function availability and registration information. To be eligible to participate in eServices, you must have a completed an EDI Enrollment Agreement (included in the packet) that is actively on file with Palmetto GBA. An enrollment agreement processed by EDI will not automatically enroll a provider in eServices. eServices registration information is available online at www.PalmettoGBA.com/eServices. Only one Provider Administrator per EDI Enrollment Agreement related to a PTAN/NPI combination performs the registration.

Note: Palmetto GBA has the right to terminate any user's eServices access if suspicious or improver activity is suspected or determined.

5b. Direct Data Entry (DDE) for Part A & HHH

Palmetto GBA makes Part A & HHH claim entry available directly into the claims processing system via on-line Direct Data Entry (DDE). Access is available to DDE through many of Palmetto GBA approved Network Service Vendors (NSVs). See the *Connectivity Options* section for more information on NSVs.

Providers use DDE for claim submission by signing on to Palmetto GBA's claims processing system and entering claims on-line, similarly to the way data entry operators enter paper claims submitted to Palmetto GBA. DDE is also available to all providers who use other methods of electronic claim submission but wish to check status of claims, beneficiary eligibility and correct claims on-line through the DDE system.

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

The DDE User's Manual is available for download from the Palmetto GBA website under EDI Software & Manuals.

Each user must have an individual DDE number. You must include an individual's name with each user ID requested. *For security reason, you cannot share your DDE ID Number, nor can the ID be transferred to another person. If that individual leaves your company or no longer needs access, please contact EDI to delete the ID.* One DDE or ID can access multiple provider numbers.

6. Connectivity Options

To assist submitters in finding a Network Service Vendor (NSV) best suited to their needs, contact information for approved NSVs who have successfully tested with Palmetto GBA is posted on our website (under EDI Enrollment).

This list is updated periodically and is subject to change between publications. This list should not be construed as a recommendation or sponsorship by BlueCross BlueShield of South Carolina, Palmetto GBA, nor CMS, for any of the organizations that appear on the listing. Specific services and financial arrangements must be made between vendors and providers. Palmetto GBA will not be a party to any such arrangement. The posted listing is provided solely for your convenience.

7. Testing

Submitter testing is required to ensure that the flow of data from the submitter to Palmetto GBA works properly. Testing also ensures the data submitted is valid and formatted correctly. New submitters are required to test prior to sending their first production dataset. New submitters are also required to have completed the Palmetto GBA enrollment process prior to testing.

Begin testing once you have software and a Submitter ID number. You must submit a minimum of 25 claims that are representative of your practice (they do not have to be "real" or current claims) and you must score 95% or better to get certified for "live" claims production. You should submit test claim files using your Medicare provider number. Do not notify Palmetto GBA before you test – just start!

Response reports are available within 24 hours of transmission. Submitters should retrieve their reports, correct any errors, and re-submit the claims until a single file of at least 25 claims is 95% error free. You must contact the Palmetto GBA Technology Support Center once you have successfully passed testing.

8. Change of Ownership, Address or Phone Number

When you have a change of ownership, address or phone number you must notify Palmetto GBA by calling the Technology Support Center toll-free at 855-696-0705. If the change of ownership results in different provider numbers(s), please inform the Technology Support Center when you call.

9. Notice to Billing Services, Clearinghouses and Vendors

If you will be submitting claims for more than one provider and you do not have a financial relationship with those providers (other than a billing relationship), you will be classified as a billing service. Each provider must complete an EDI Enrollment Agreement and the Provider Authorization Form. Palmetto GBA EDI Operations will verify provider authorization.

Clearinghouses and Network Service Vendors (NSVs) must use their own EDI Submitter ID /Receiver ID Number and password to submit and receive EDI transactions on behalf of providers. You may not use a number or password that has been assigned to a provider. If you currently use or have knowledge of an EDI Submitter ID or Receiver ID number and password issued to a provider by Palmetto GBA, you must disclose that information to the EDI Operations Department.

Clearinghouses and NSVs can submit or receive EDI Medicare transactions for providers who have filed an EDI Enrollment Agreement and EDI forms which authorizes the Clearinghouse or NSV to conduct specified transactions on their behalf. A Clearinghouse or NSV will be in violation of CMS and HIPAA privacy and security requirements for the following actions:

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- Attempting to conduct EDI transactions for a provider that has not authorized it to perform such actions on their behalf
- Conducts an authorized transaction for a provider who did not request the specific transaction (such as submission of a request for eligibility data when that request was not originated by the provider identified as the source of the request)

Violators may be subject to penalties established by HIPAA and could lose all access rights to Medicare contractor systems nationally.

Clearinghouses and NSVs who do not translate non-HIPAA transactions or prepare claims are not permitted to read the content of data transmitted between a provider and Medicare, beyond accessing basic fields needed to determine inbound or outbound routing.

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Part A/Part B/HHH EDI Application Form Instructions

The purpose of the **Part A/Part B/HHH EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

Please retain a copy of this completed form for your records.
You must submit a completed EDI Application Form when submitting additional EDI forms.

The field descriptions listed below will aid in completing the form properly. There are two pages to the application form. The first page is required and the second page should be used only if additional providers need to be listed.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting. Select all that apply to this request.
Action Requested: Add Provider(s) Change/Update Submitter Information Delete Apply for New Submitter ID Apply for New Receiver ID	Indicate the action to be taken on the application form. • If you need to add additional providers to an existing submitter ID, check **Add Provider(s)**. • If you request to change or update information about the Submitter, check **Change/Update Submitter Information** and be sure to include your current Submitter ID. • If you request to delete a provider(s), check **Delete** and be sure to include your submitter ID. • If you are a new applicant, check **Apply for New Submitter ID**. • If you are a new applicant, check **Apply for New Receiver ID** (This option is available for North Carolina Part A and Virginia Part B only).
Submitter ID	The submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested. For changes or additions, enter the Submitter ID to which the change/additions should be applied.
Date	Please enter the date the application is completed.
Receiver ID	**This option is available for North Carolina Part A and Virginia Part B only.** The receiver ID is used by the remittance receiver to download remittance advices/notices via Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested. For changes or additions, enter the Receiver ID to which the change/additions should be applied.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Owner Name(s)	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
EDI Contact Person	The name of the submitter's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.
Fax	The fax number for this location.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state and ZIP Code of the submitter.

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Form Field Name	Instructions for Field Completion
Submitter Email Address	The email address of the contact person listed. Note: This will be the primary method of communication. This email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Report Response Format	Check the format in which you will receive GPNet Claims Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Include Vendor ID number if known.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.
Providers For Whom Submitter Will Be Communicating Electronically:	
Provider Name	List each provider whose bills will be submitted by the submitter named above. (If additional providers need to be listed, indicate each one separately on the *Multiple Providers List* form.) This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email address	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.
Provider Number	Indicate the Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Enrollment Form Attached: Y/N	Indicate "Y" for Yes or "N" for No. A properly executed 3-page **EDI Enrollment Agreement** must be attached for *each* provider listed. **Palmetto GBA will not activate a submitter ID for any provider without a properly executed enrollment form**.
Provider Authorization Form Attached: Y/N	Indicate "Y" for Yes or "N" for No. A provider authorization form is required to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Reports	Check this box if the submitter wants to receive response reports electronically for the provider indicated.
Receive Electronic Remittances	Check this box if the submitter wants to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances.
Online Inquiry	Check this box if the submitter currently uses or plans to use the Online Inquiry Services (DDE). Note: The Online Inquiry Form must be submitted if this option is selected. (Part A only)

Once you have completed the application form, please retain a copy for your records and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be processed within 15 business days of receipt of completed forms.

Completed forms must be mailed to us at

Palmetto GBA
Part A/Part B/HHH EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145

or faxed to

EDI Part A: 803-699-2429
EDI Part B: 803-699-2430

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PALMETTO GBA
A CELERIAN GROUP COMPANY

Part A/Part B/HHH EDI Application

Line of Business Information: ☐ SC Part A ☐ NC Part A ☐ HHH ☐ SC Part B ☒ NC Part B ☐ VA Part B ☐ WV Part B

Action Requested: ☒ Add Provider(s) ☐ Change / Update Submitter Information ☐ Delete ☐ Apply for New Submitter ID ☐ Apply for New Receiver ID (NC Part A and VA Part B Only)

Submitter ID (if available): N329 **Date:**

Receiver ID: N329

Submitter Name: Capario

Owner Name: Lonnie Hardin

Type of Submitter: ☐ Software Vendor ☐ Billing Service ☐ Provider ☒ Clearinghouse

EDI Contact Person: EDI Team or Frankie Neser

Phone: (800) 792-5256 Opt. 1 **Fax:** (404) 877-3324

Address: 1901 E. Alton Ave. Suite 100

City: Santa Ana **State:** CA **ZIP:** 92705

Submitter Email Address: provider.enrollment@capario.com

Note: Email will be the primary method of communication.

Report Response Format: ☒ File ☐ Report

Data Compression: ☒ Uncompressed ☐ PKZIP ☐ UNIX-Compress

Name of Software Vendor: Capario **Vendor Security ID:** 1142JB

Name of Network Service Vendor:

Providers for Whom Submitter Will Be Transmitting

Provider Name: **Tax ID:**

Provider Email Address:

Provider Number: **NPI:**

Enrollment Form Attached? ☒ Yes ☐ No **Provider Authorization Form Attached?** ☒ Yes ☐ No

☐ Submit Claims ☐ Receive Reports ☒ Receive Electronic Remittances ☐ Online Inquiry Services

Submit completed forms via mail to

Palmetto GBA
Part A/Part B/HHH EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145

or fax to

EDI Part A: 803-699-2429
EDI Part B: 803-699-2430

Notes: Please retain a copy for your records.
You must submit a completed EDI Application Form when submitting additional EDI forms.

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PALMETTO GBA
A CELERIAN GROUP COMPANY

Part A/Part B/HHH EDI Application

Multiple Providers List

Date: _____

Additional Providers for Whom Submitter Will Be Transmitting

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Provider Number: _____ NPI: _____

Enrollment Form Attached? ☐ Yes ☐ No Provider Authorization Form Attached? ☐ Yes ☐ No

☐ Submit Claims ☐ Receive Reports ☐ Receive Electronic Remittances ☐ Online Inquiry Services

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Provider Number: _____ NPI: _____

Enrollment Form Attached? ☐ Yes ☐ No Provider Authorization Form Attached? ☐ Yes ☐ No

☐ Submit Claims ☐ Receive Reports ☐ Receive Electronic Remittances ☐ Online Inquiry Services

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Provider Number: _____ NPI: _____

Enrollment Form Attached? ☐ Yes ☐ No Provider Authorization Form Attached? ☐ Yes ☐ No

☐ Submit Claims ☐ Receive Reports ☐ Receive Electronic Remittances ☐ Online Inquiry Services

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Provider Number: _____ NPI: _____

Enrollment Form Attached? ☐ Yes ☐ No Provider Authorization Form Attached? ☐ Yes ☐ No

☐ Submit Claims ☐ Receive Reports ☐ Receive Electronic Remittances ☐ Online Inquiry Services

Submit completed forms via mail to

Palmetto GBA
Part A/Part B/HHH EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145

or fax to

EDI Part A: 803-699-2429
EDI Part B: 803-699-2430

Notes: Please retain a copy for your records.
You must submit a completed EDI Application Form when submitting additional EDI forms.

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Part A/Part B/HHH EDI Enrollment (Agreement) Form and Instructions

The EDI Enrollment Form (commonly referred to as the EDI Agreement) should be submitted when enrolling for electronic billing. It should be reviewed and signed **only** by the providers to ensure each provider is knowledgeable of the enrollment request and the associated requirements.

Providers that have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers.

Providers are obligated to notify Medicare by letter of:

- Any changes in their billing agent or clearinghouse.
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse.
- If the provider wants to begin to use additional types of EDI transactions.
- Other changes that might impact their use of EDI.

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software, the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Form does not expire if the person who signed the form for a provider is no longer employed by the provider.

General Instructions

- Please ensure that you include your **Medicare Provider Number** and **National Provider Identifier (NPI)** where requested on the EDI Enrollment Form.
- If the submitter will be submitting for multiple providers, this form must be completed by ***each*** provider whose claim data will be submitted.
- If a provider is a member of a group, only one agreement per group is required.
- The entire form must be read carefully, dated with day, month and year.
- The name of the provider must be printed in the space provided, an authorized officer's name (printed), authorized officer's title and signature.
- When completed, the properly executed ***3-page*** **EDI Enrollment Form** must be returned ***with*** the **EDI Application** form to the following address:
- Mail completed forms to

  Palmetto GBA
  Part A/Part B/HHH EDI Operations, AG-420
  PO Box 100145
  Columbia SC 29202-3145

  or fax to

  EDI Part A: 803-699-2429
  EDI Part B: 803-699-2430

Note: If the submitter will be an entity other than the provider, the submitter must complete the EDI Application form and the provider(s) must complete the EDI Enrollment Form(s). The EDI Application form must be returned with the EDI Enrollment Form enclosed for each applicable provider.

IMPORTANT NOTE

The address shown on the EDI Enrollment Form must match the address that was submitted to our Provider Enrollment Department when enrolling for a provider number. If the address on the completed EDI Enrollment Form does not match, your entire EDI Enrollment Packet will be returned.

The National Provider Identifier (NPI) must be printed in the space provided on the EDI Enrollment Form. If this information is missing, the EDI Enrollment Form will not be processed.

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Medicare Electronic Data Interchange Enrollment Agreement

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS' A/B MACs or CEDI:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contactor by itself, its employees, or its agents;

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its A/B MACs, DME MACs or CEDI without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law;

3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file;

4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:

   - Beneficiary's name;
   - Beneficiary's health insurance claim number;
   - Date(s) of service;
   - Diagnosis/nature of illness; and
   - Procedure/service performed.

5. That the Secretary of Health and Human Services or his/her designee and/or A/B MAC, DME MAC, CEDI or other contractor if designated by CMS has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines;

6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer;

7. That it will submit claims that are accurate, complete, and truthful;

8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid;

9. That it will affix the CMS-assigned unique identifier number (submitter ID) of the provider on each claim electronically transmitted to the A/B MAC, CEDI or other contractor if designated by CMS;

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10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed;

11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access;

12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law;

13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its A/B MAC, DME MAC, CEDI or other contractor if designated by CMS shall not be used by agents, officers, or employees of the billing service except as provided by the A/B MAC, DME MAC or CEDI (in accordance with §1106(a) of Social Security Act (the Act).

14. That it will research and correct claim discrepancies.

15. That it will notify the A/B MAC, CEDI, or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form

B. The Centers for Medicare & Medicaid Services (CMS) agrees to:

1. Transmit to the provider an acknowledgment of claim receipt;

2. Affix the A/B MAC, DME MAC, CEDI or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the provider;

3. Ensure that payments to providers are timely in accordance with CMS' policies;

4. Ensure that no A/B MAC, CEDI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the A/B MAC, CEDI or from any subsidiary of the A/B MAC, CEDI, other contractor if designated by CMS, or from any company for which the A/B MAC, CEDI has an interest. The A/B MAC, CEDI, or other contractor if designated by CMS will make alternative means available to any electronic biller to obtain such services.

5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare A/B MACs, CEDI, or other contractors if designated by CMS to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services sold directly, indirectly, or by arrangement by the A/B MAC, CEDI, or other contractor if designated by CMS;

6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form;

Note: Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

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This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature

I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider's status in the Medicare Program (e/g., new practice locations, change of address, etc.) and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with Palmetto GBA on my behalf.

Provider's Name: _____

Address: _____

_____

City/State/ZIP: _____

Authorized Signature: _____

By (Print Name): _____

Title: _____

Date: _____ Medicare Provider Number _____

National Provider Identifier (NPI): _____

Complete ALL fields above and submit via mail or fax the entire agreement (three pages) with ***original*** signature and ***with*** a copy of the **EDI Application form** to:

Mailing address:	**Fax number:**
Palmetto GBA Part A/Part B/HHH EDI Operations, AG-420 PO Box 100145 Columbia SC 29202-3145	EDI Part A: 803-699-2429 EDI Part B: 803-699-2430

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Part A/Part B/HHH Provider Authorization Form Instructions

The purpose of the notice is to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data. It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying processing. Please retain a copy of this complete notice for your records.

Please retain a copy of this completed form for your records.
You must submit a completed EDI Application Form when submitting this form. The Provider Authorization form must be completed and signed by the Provider.

The field descriptions listed below will aid in completing the notice properly.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting. Select all that apply to this request.
Action Requested	Indicate the type of service(s) you are authorizing the Submitter to access. Check all that apply.
Provider Name	List the provider name for which this Provider Authorization Form is being completed. This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	The email address of the provider to receive EDI notifications.
Provider Number	List the provider PTAN whose Medicare claims, electronic remittances, response reports or DDE will be accessed by the submitter listed on the EDI Application. A separate Provider Authorization Form is required for each PTAN.
NPI	Indicate the National Provider Identifier (NPI).
Name/Title	The name and title of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.
Address	The mailing and/or the physical address of the provider. (Only one valid address has to be submitted.)
City, State, ZIP	The city, state and ZIP Code of the provider.
Phone Number	The area code and phone number of the Contact Person listed.
Submitter's Name	The name of the Submitter you are authorizing for the above services.
Signature	The signature of the listed provider's authorized contact.
Date	The date the form was signed.

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PALMETTO GBA
A CELERIAN GROUP COMPANY

Part A/Part B/HHH Provider Authorization Form

This form must be completed and signed by the Provider ONLY.

Line of Business Information:
☐ SC Part A ☐ NC Part A ☐ HHH
☐ SC Part B ☒ NC Part B ☐ VA Part B ☐ WV Part B

Action Requested:
☐ Electronic Claims Submissions ☒ Electronic Remittance
☐ Electronic Response Reports ☐ Online Inquiry Services (DDE – Part A only)

Provider for whom Submitter will be granted access:

Provider Name: _____

Tax ID: _____

Provider Email Address: _____

Provider Number: _____ NPI: _____

Name: _____

Title: _____

Address: _____

_____

City: _____ State: _____ ZIP: _____

Phone: _____

Submitter Name: Capario

I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that is my responsibility to notify Palmetto EDI in writing if I wish to revoke this authorization.

Signature: _____ Date: _____

Please complete, sign and submit this form via mail or fax, with the EDI Application Form to:

Mailing address:
Palmetto GBA
Part A/Part B/HHH EDI Operations, AG-420
PO Box 100145
Columbia SC 29202-3145

Fax number:
EDI Part A: 803-699-2429
EDI Part B: 803-699-2430

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